



Missouri Department of Conservation
Application for Resident Cable Restraint Permit

COMPLETE THIS BOX. PLEASE PRINT

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____

Conservation # _____ County _____
 (The number on your Trapping Permit above your name). Date of Birth: _____

Training information:

Location of training course: _____
 Date course was taken : _____

_____ **Resident Cable Restraint Permit** (Code 950).....\$10.00

To attempt to take or take by cable restraint device only and to possess, transport and sell furbearers. ***This permit may be issued only to the holder of a Resident Trapping Permit*** who has successfully completed a cable restraint training course, validated by a certified instructor.

_____ Check here if you do not already have a **current** Resident Trapping Permit & include an additional \$10.00

Total\$ _____

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

- Check here if you **do not** wish to have your information made available as part of the public record.

Signature constitutes acceptance of all rules pertaining to requested permit(s) according to the Wildlife Code of Missouri.

Applicant's Signature: _____ Date: _____

SEND COMPLETED APPLICATION WITH CHECK, CREDIT CARD PAYMENT (see back) OR MONEY ORDER TO:

- Approved
- Disapproved

Instructor: _____
 Date: _____

DO NOT WRITE IN THIS SPACE
 (For office use ONLY)

Missouri Department of Conservation
 Attn: Commercial Permits
 P.O. Box 180
 Jefferson City, MO 65102-0180

ALL PERMITS EXPIRE JUNE 30

03/07

This application is not a permit and does not entitle applicant to operate.

Payment Method

Total Amount Due \$ _____

- Check Enclosed (make check payable to *Missouri Conservation Department*)

Check One: • Visa • MasterCard

Charge my credit card number _____

3 Digit Security Code number _____ (this number is located on the back of your card)

Expiration Date _____ Phone # _____

(*required* on all credit card orders)

Signature _____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Mail application to: **Missouri Department of Conservation**
 ATTN: Commercial Permits
 PO Box 180
 Jefferson City, MO 65102-0180

This application is not a permit and does not entitle applicant to operate.